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## FACSIMILE TRANSMISSION

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TO:	PHONE #:	FAX #:
United States Patent and Trademark Office Mail Stop Amendment Examiner: Cook, Lisa V. Art Unit: 1641		571-273-8300

From : Barry S. Wilson

Email Address : bwilson@foley.com

Sender's Direct Dial : 858.847.6722

Date : November 3, 2006

Client/Matter No : 071949-5408

User ID No : 3067

U.S. Application No.: 10/714,078

Docket No.: 071949-5408

## MESSAGE:

Please find enclosed:

Transmittal (3 pages);

Response to Office action(6 pages).

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Cover Page 1 of 1

DLMR\_283108.1

PAGE 1/10 \* RCVD AT 11/3/2006 7:12:28 PM [Eastern Standard Time] \* SVR:USPTO-EFXXRF-3/5 \* DNIS:2738300 \* CSID: \* DURATION (mm-ss):02:30

Atty. Dkt. No. 071949-5408

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****RECEIVED  
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Applicant: Valkirs et al.

Title: **DIAGNOSTIC MARKERS OF  
STROKE AND CEREBRAL  
INJURY AND METHODS OF  
USE THEREOF**

Appl. No.: 10/714,078

Filing Date: 11/14/2003

Examiner: Cook, Lisa V.

Art Unit: 1641

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
<i>Vanessa E. Agha</i>	(Printed Name)
<i>Vanessa E. Agha</i>	(Signature)
<i>November 3, 2006</i>	(Date of Deposit)

**NOV 03 2006****AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Response to Restriction Requirement and Amendment (6 pages).☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	7	-	31	=	0	x	\$50.00	=	\$0.00
Independent Claims:	1	-	1	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:							+	\$360.00	= \$0.00
CLAIMS FEE TOTAL								=	\$0.00

DLMR\_291080.1

-1-

Atty. Dkt. No. 071949-5408

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- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$0.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$0.00

- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Atty. Dkt. No. 071949-5408

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 11/03/2006

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Customer Number: 30542  
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By Barry S. Wilson

Richard Warburg, Reg. No. 32,327  
By Barry S. Wilson, Reg. No. 39,431  
Attorney for Applicant

NOV 03 2006

Atty. Dkt. No. 071949-5408

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Valkirs et al.

Title: DIAGNOSTIC MARKERS OF  
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Conf. No.: 2621

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b> I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.  _____ <i>Vanessa E. Agha</i> (Printed Name)  _____ <i>Vanessa E. Agha</i> (Signature)  _____ November 3, 2006 (Date of Deposit)
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**RESPONSE TO A RESTRICTION REQUIREMENT AND AMENDMENT**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This communication is responsive to a Restriction Requirement mailed October 6, 2006.

Amendment of the Claims begin on page 2.

Remarks begin on page 6.

Please amend the application as follows: